

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

ADDRESS (number and street)

1 METROTECH CENTER



FL11

Check if different
than previously
reported. (ACC)

BROOKLYN

NY

11201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00626861

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2021

through

M M M / D D D / Y Y Y Y Y Y
12 31 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Boland, Mike, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Boland, Mike, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 31 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2021		2879335.73
(b) Cash on Hand at Beginning of Reporting Period.....	215654.88	
(c) Total Receipts (from Line 19)	545948.25	1711589.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	761603.13	4590925.14
7. Total Disbursements (from Line 31).....	671486.84	4500808.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	90116.29	90116.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	87140.64	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	102054.42	377159.96
(ii) Unitemized	8893.83	399276.29
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	110948.25	776436.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	430000.00	930153.16
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	540948.25	1706589.41
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5000.00	5000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	545948.25	1711589.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	545948.25	1711589.41

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	14021.74	936378.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14021.74	936378.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000000.00
24. Independent Expenditures (use Schedule E)	104830.56	329041.56
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	552634.54	2235388.96
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	671486.84	4500808.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	671486.84	4500808.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	540948.25	1706589.41
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	540948.25	1706589.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14021.74	936378.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14021.74	936378.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Adigwe, Tony, , ,

Mailing Address 15342 Hawthorne Boulevard

City
Lawndale

State
CA

Zip Code
90260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yes

Occupation (for Individual)
Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94080

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Adigwe, Tony, , ,

Mailing Address 15342 Hawthorne Boulevard

City
Lawndale

State
CA

Zip Code
90260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yes

Occupation (for Individual)
Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93452

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Adigwe, Tony, , ,

Mailing Address 15342 Hawthorne Boulevard

City
Lawndale

State
CA

Zip Code
90260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yes

Occupation (for Individual)
Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93483

Amount of Each Receipt this Period

27.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

81.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 70
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ahern, mady, , ,

Mailing Address 219 West 81st Street

City
New York

State
NY

Zip Code
10024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
celebrate+the+children+school

Occupation (for Individual)
social+worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94144

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ahern, mady, , ,

Mailing Address 219 West 81st Street

City
New York

State
NY

Zip Code
10024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
celebrate+the+children+school

Occupation (for Individual)
social+worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93653

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ahern, mady, , ,

Mailing Address 219 West 81st Street

City
New York

State
NY

Zip Code
10024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
celebrate+the+children+school

Occupation (for Individual)
social+worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI.93136

Amount of Each Receipt this Period

27.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

81.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Allan, Becky, , ,

Mailing Address 432 Bywood Ave.

City
Sebastian

State
FL

Zip Code
32958

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)
yoga teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93462

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Allan, Becky, , ,

Mailing Address 432 Bywood Ave.

City
Sebastian

State
FL

Zip Code
32958

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)
yoga teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93493

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALLEN, CHARLIE, , ,

Mailing Address 5514 35th Street NW

City
Gig Harbor

State
WA

Zip Code
98335

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94005

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALLEN, CHARLIE, , ,

Mailing Address 5514 35th Street NW

City
Gig Harbor

State
WA

Zip Code
98335

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94057

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ALLEN, CHARLIE, , ,

Mailing Address 5514 35th Street NW

City
Gig Harbor

State
WA

Zip Code
98335

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93430

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Anton, Sarah, , ,

Mailing Address 917 Federal Street

City
Philadelphia

State
PA

Zip Code
19147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
self-employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93968

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Anton, Sarah, , ,

Mailing Address 917 Federal Street

City
Philadelphia

State
PA

Zip Code
19147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
self-employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94018

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Anton, Sarah, , ,

Mailing Address 917 Federal Street

City
Philadelphia

State
PA

Zip Code
19147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
self-employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93393

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Anton, Sarah, , ,

Mailing Address 917 Federal Street

City
Philadelphia

State
PA

Zip Code
19147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
self-employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92975

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beirne, Paul, , ,

Mailing Address 36 Plaza Street East 11A

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Proper Cloth

Occupation (for Individual)

Customer Service Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.12

Date of Receipt

MM / DD / YYYY
07 / 13 / 2021

Transaction ID : SA11AI.93884

Amount of Each Receipt this Period

6.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beirne, Paul, , ,

Mailing Address 36 Plaza Street East 11A

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Proper Cloth

Occupation (for Individual)

Customer Service Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.12

Date of Receipt

MM / DD / YYYY
07 / 13 / 2021

Transaction ID : SA11AI.94009

Amount of Each Receipt this Period

7.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beirne, Paul, , ,

Mailing Address 36 Plaza Street East 11A

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Proper Cloth

Occupation (for Individual)

Customer Service Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.12

Date of Receipt

MM / DD / YYYY
07 / 13 / 2021

Transaction ID : SA11AI.94061

Amount of Each Receipt this Period

7.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beirne, Paul, , ,

Mailing Address 36 Plaza Street East 11A

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Proper Cloth

Occupation (for Individual)

Customer Service Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.12

Date of Receipt

08 / 30 / 2021

Transaction ID : SA11AI.93433

Amount of Each Receipt this Period

7.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beirne, Paul, , ,

Mailing Address 36 Plaza Street East 11A

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Proper Cloth

Occupation (for Individual)

Customer Service Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.12

Date of Receipt

08 / 30 / 2021

Transaction ID : SA11AI.93814

Amount of Each Receipt this Period

6.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beirne, Paul, , ,

Mailing Address 36 Plaza Street East 11A

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Proper Cloth

Occupation (for Individual)

Customer Service Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

234.12

Date of Receipt

10 / 01 / 2021

Transaction ID : SA11AI.93104

Amount of Each Receipt this Period

6.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beirne, Paul, , ,

Mailing Address 36 Plaza Street East 11A

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Proper Cloth

Occupation (for Individual)

Customer Service Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92919

Amount of Each Receipt this Period

6.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bensky, Daniel, , ,

Mailing Address 4536 33rd Avenue W

City

Seattle

State

WA

Zip Code

98199

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self/Eastland Press

Occupation (for Individual)

Physician/Editor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94077

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bensky, Daniel, , ,

Mailing Address 4536 33rd Avenue W

City

Seattle

State

WA

Zip Code

98199

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self/Eastland Press

Occupation (for Individual)

Physician/Editor

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93449

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

106.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 70
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bensky, Daniel, , ,

Mailing Address 4536 33rd Avenue W

City
Seattle

State
WA

Zip Code
98199

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self/Eastland Press

Occupation (for Individual)
Physician/Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93480

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bokor, Peter, , ,

Mailing Address 320 Riverside Drive

City
New York

State
NY

Zip Code
10025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Social worjer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93936

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bokor, Peter, , ,

Mailing Address 320 Riverside Drive

City
New York

State
NY

Zip Code
10025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Social worjer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93360

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bokor, Peter, , ,

Mailing Address 320 Riverside Drive

City
New York

State
NY

Zip Code
10025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Social worjer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92947

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brady, Paul, , ,

Mailing Address 4730 Park Commons Drive

City
Saint Louis Park

State
MN

Zip Code
55416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94087

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brady, Paul, , ,

Mailing Address 4730 Park Commons Drive

City
Saint Louis Park

State
MN

Zip Code
55416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93459

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brady, Paul, , ,

Mailing Address 4730 Park Commons Drive

City

Saint Louis Park

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93490

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Briggs, Carol, , ,

Mailing Address 4027 fillmore st

City

Denver

State

CO

Zip Code

80216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Railroad Retirement Board

Occupation (for Individual)

Claims Representative

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI.93145

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Briggs, Carol, , ,

Mailing Address 4027 fillmore st

City

Denver

State

CO

Zip Code

80216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Railroad Retirement Board

Occupation (for Individual)

Claims Representative

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92906

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, EMILY, , ,

Mailing Address 527 SE ANNABEL WAY

City
HILLSBORO

State
OR

Zip Code
97123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington County OR

Occupation (for Individual)
Planning Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94137

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, EMILY, , ,

Mailing Address 527 SE ANNABEL WAY

City
HILLSBORO

State
OR

Zip Code
97123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington County OR

Occupation (for Individual)
Planning Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93538

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, EMILY, , ,

Mailing Address 527 SE ANNABEL WAY

City
HILLSBORO

State
OR

Zip Code
97123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington County OR

Occupation (for Individual)
Planning Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI.93129

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 70

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cahill, Kelly, , ,

Mailing Address 8 Loretta Ct

City
Coram

State
NY

Zip Code
11727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excellence Boys Charter School

Occupation (for Individual)
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94108

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cahill, Kelly, , ,

Mailing Address 8 Loretta Ct

City
Coram

State
NY

Zip Code
11727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excellence Boys Charter School

Occupation (for Individual)
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93510

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Campbell-Swanson, Jessica, , ,

Mailing Address 6500 S. Dayton St. #D208

City
Englewood

State
CO

Zip Code
80111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brighter Day Strategies

Occupation (for Individual)
Political Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94138

Amount of Each Receipt this Period

27.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

77.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Campbell-Swanson, Jessica, , ,

Mailing Address 6500 S. Dayton St. #D208

City
Englewood

State
CO

Zip Code
80111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brighter Day Strategies

Occupation (for Individual)
Political Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93539

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Campbell-Swanson, Jessica, , ,

Mailing Address 6500 S. Dayton St. #D208

City
Englewood

State
CO

Zip Code
80111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brighter Day Strategies

Occupation (for Individual)
Political Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI.93130

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Conant, Alison, , ,

Mailing Address 68 Brookside Ave.

City
Newtonville

State
MA

Zip Code
02460

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Manville School Boston MA

Occupation (for Individual)
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93739

Amount of Each Receipt this Period

375.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

429.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Conaty, Megan, , ,

Mailing Address 64 Charlotte St

City

North Providence

State

RI

Zip Code

02904

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93893

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Conaty, Megan, , ,

Mailing Address 64 Charlotte St

City

North Providence

State

RI

Zip Code

02904

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93830

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Conaty, Megan, , ,

Mailing Address 64 Charlotte St

City

North Providence

State

RI

Zip Code

02904

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI.93116

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 70
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Culpepper, Lisa, , ,

Mailing Address 1776 S Jackson St Ste 105

City
Denver

State
CO

Zip Code
80210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Culpepper Law Firm PC

Occupation (for Individual)
Attorney and Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93969

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Culpepper, Lisa, , ,

Mailing Address 1776 S Jackson St Ste 105

City
Denver

State
CO

Zip Code
80210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Culpepper Law Firm PC

Occupation (for Individual)
Attorney and Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94019

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Culpepper, Lisa, , ,

Mailing Address 1776 S Jackson St Ste 105

City
Denver

State
CO

Zip Code
80210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Culpepper Law Firm PC

Occupation (for Individual)
Attorney and Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93394

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Culpepper, Lisa, , ,

Mailing Address 1776 S Jackson St Ste 105

City
Denver

State
CO

Zip Code
80210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Culpepper Law Firm PC

Occupation (for Individual)
Attorney and Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92976

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Louise, , ,

Mailing Address 9443 Cottonwood Road

City
Bozeman

State
MT

Zip Code
59718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
none

Occupation (for Individual)
not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8204.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93224

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Drew, Janet, , ,

Mailing Address 15 Avon Ave

City
York

State
ME

Zip Code
03909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93503

Amount of Each Receipt this Period

6.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

306.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Drew, Janet, , ,

Mailing Address 15 Avon Ave

City
York

State
ME

Zip Code
03909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92956

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Farmer, Robert, , ,

Mailing Address 15 North Cove Rd

City
Sterling

State
MA

Zip Code
01564

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93714

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fetty, Karen, , ,

Mailing Address 205 Schneider Road

City
Hudson

State
NY

Zip Code
12534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93924

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

89.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fetty, Karen, , ,

Mailing Address 205 Schneider Road

City
Hudson

State
NY

Zip Code
12534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 30 / 2021

Transaction ID : SA11AI.93353

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fetty, Karen, , ,

Mailing Address 205 Schneider Road

City
Hudson

State
NY

Zip Code
12534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

11 / 02 / 2021

Transaction ID : SA11AI.92938

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fischer, Louis, , ,

Mailing Address 2927 McKinley St NW

City
Washington

State
DC

Zip Code
20015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 13 / 2021

Transaction ID : SA11AI.94067

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fischer, Louis, , ,

Mailing Address 2927 McKinley St NW

City
Washington

State
DC

Zip Code
20015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

08 / 30 / 2021

Transaction ID : SA11AI.93440

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fischer, Louis, , ,

Mailing Address 2927 McKinley St NW

City
Washington

State
DC

Zip Code
20015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 30 / 2021

Transaction ID : SA11AI.93471

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fishlyn, Zeph, , ,

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

08 / 09 / 2021

Transaction ID : SA11AI.94366

Amount of Each Receipt this Period

25000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25060.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gelman, Rachel, , ,

Mailing Address 490 Lake Park Ave

City
Oakland

State
CA

Zip Code
94610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2021

Transaction ID : SA11AI.94372

Amount of Each Receipt this Period

30000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gochman, Molly, , ,

Mailing Address PO Box 540205

City
Houston

State
TX

Zip Code
77254

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2021

Transaction ID : SA11AI.94367

Amount of Each Receipt this Period

30000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gormley, Dennis, , ,

Mailing Address 11 Country Lane

City
Voorhees

State
NJ

Zip Code
08043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Not employed

Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93533

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60010.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 70
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gormley, Dennis, , ,

Mailing Address 11 Country Lane

City
Voorhees

State
NJ

Zip Code
08043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI.93124

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Guidetti, Pierre, , ,

Mailing Address 11 Linden Lane

City
Mill Valley

State
CA

Zip Code
94941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MacPherson art

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93916

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Guidetti, Pierre, , ,

Mailing Address 11 Linden Lane

City
Mill Valley

State
CA

Zip Code
94941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MacPherson art

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93303

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Heilbronn, Lisa, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 13 / 2021 Transaction ID : SA11AI.93898	
Mailing Address 1203 Fidler Lane Apt. 1203			Amount of Each Receipt this Period 27.00	
City Silver Spring	State MD	Zip Code 20910	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Dept. of State		Occupation (for Individual) Foreign Service Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 323.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Heilbronn, Lisa, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 13 / 2021 Transaction ID : SA11AI.94143	
Mailing Address 1203 Fidler Lane Apt. 1203			Amount of Each Receipt this Period 10.00	
City Silver Spring	State MD	Zip Code 20910	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Dept. of State		Occupation (for Individual) Foreign Service Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Heilbronn, Lisa, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2021 Transaction ID : SA11AI.93652	
Mailing Address 1203 Fidler Lane Apt. 1203			Amount of Each Receipt this Period 10.00	
City Silver Spring	State MD	Zip Code 20910	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Dept. of State		Occupation (for Individual) Foreign Service Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 343.00		
SUBTOTAL of Receipts This Page (optional).....▶			47.00	
TOTAL This Period (last page this line number only).....▶				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Heilbronn, Lisa, , ,

Mailing Address 1203 Fidler Lane Apt. 1203

City
Silver Spring

State
MD

Zip Code
20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dept. of State

Occupation (for Individual)

Foreign Service Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

MM / DD / YYYY
08 / 30 / 2021

Transaction ID : SA11AI.93818

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Heilbronn, Lisa, , ,

Mailing Address 1203 Fidler Lane Apt. 1203

City
Silver Spring

State
MD

Zip Code
20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dept. of State

Occupation (for Individual)

Foreign Service Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.00

Date of Receipt

MM / DD / YYYY
10 / 01 / 2021

Transaction ID : SA11AI.93108

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Heilbronn, Lisa, , ,

Mailing Address 1203 Fidler Lane Apt. 1203

City
Silver Spring

State
MD

Zip Code
20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dept. of State

Occupation (for Individual)

Foreign Service Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

407.00

Date of Receipt

MM / DD / YYYY
10 / 01 / 2021

Transaction ID : SA11AI.93135

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

64.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Heilbronn, Lisa, , ,

Mailing Address 1203 Fidler Lane Apt. 1203

City
Silver Spring

State
MD

Zip Code
20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dept. of State

Occupation (for Individual)

Foreign Service Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92930

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jones, T Stephen, , ,

Mailing Address 123 Black Birch Trail

City
Florence

State
MA

Zip Code
01062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93743

Amount of Each Receipt this Period

411.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KARCHER, MARTIN, , ,

Mailing Address 646 Independence Ave SE

City
Washington

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93984

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

448.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KARCHER, MARTIN, , ,

Mailing Address 646 Independence Ave SE

City
Washington

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94035

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KARCHER, MARTIN, , ,

Mailing Address 646 Independence Ave SE

City
Washington

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93410

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KARCHER, MARTIN, , ,

Mailing Address 646 Independence Ave SE

City
Washington

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92989

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Leon, Michael, , ,

Mailing Address 870 Trinity Pl

City
MaconState
GAZip Code
31217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93945

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Leonard, Chris, , ,

Mailing Address 63 Harvard Ave. #1

City
BrooklineState
MAZip Code
02446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boston Public SchoolsOccupation (for Individual)
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93766

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. mahaffy, libby, , ,

Mailing Address 2095 n West Torch Lake Dr

City
kewadinState
MIZip Code
49648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MITOccupation (for Individual)
HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93942

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

127.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. mahaffy, libby, , ,

Mailing Address 2095 n West Torch Lake Dr

City
kewadin

State
MI

Zip Code
49648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIT

Occupation (for Individual)
HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2021

Transaction ID : SA11AI.93404

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. mahaffy, libby, , ,

Mailing Address 2095 n West Torch Lake Dr

City
kewadin

State
MI

Zip Code
49648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIT

Occupation (for Individual)
HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 02 / 2021

Transaction ID : SA11AI.92953

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mason, Alane, , ,

Mailing Address 900 West 190th Street

City
New York

State
NY

Zip Code
10040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WW Norton

Occupation (for Individual)
Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

07 / 13 / 2021

Transaction ID : SA11AI.94010

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 70

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mason, Alane, , ,

Mailing Address 900 West 190th Street

City
New York

State
NY

Zip Code
10040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WW Norton

Occupation (for Individual)
Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94062

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mason, Alane, , ,

Mailing Address 900 West 190th Street

City
New York

State
NY

Zip Code
10040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WW Norton

Occupation (for Individual)
Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93434

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meiklejohn, Thomas, , ,

Mailing Address 22 Norton Lane

City
South Windsor

State
CT

Zip Code
06074

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Livingston Adler Pulda Meiklejohn & Ke

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93675

Amount of Each Receipt this Period

27.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

37.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Meyer, Kendra, , ,

Mailing Address 500 Smith Level Road Apt I2

City

Carrboro

State

NC

Zip Code

27510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ackland Art Museum

Occupation (for Individual)

Finance Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94150

Amount of Each Receipt this Period

25.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Meyer, Kendra, , ,

Mailing Address 500 Smith Level Road Apt I2

City

Carrboro

State

NC

Zip Code

27510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ackland Art Museum

Occupation (for Individual)

Finance Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93544

Amount of Each Receipt this Period

25.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meyer, Kendra, , ,

Mailing Address 500 Smith Level Road Apt I2

City

Carrboro

State

NC

Zip Code

27510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ackland Art Museum

Occupation (for Individual)

Finance Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92995

Amount of Each Receipt this Period

25.00



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Colin, , ,

Mailing Address PO Box 2

City
Gradyville

State
PA

Zip Code
19039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Whole Foods Market

Occupation (for Individual)
Cashier Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93431

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Miller, Colin, , ,

Mailing Address PO Box 2

City
Gradyville

State
PA

Zip Code
19039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Whole Foods Market

Occupation (for Individual)
Cashier Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92940

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moore Williams, Barbara, , ,

Mailing Address 2287 N. 51st St.

City
Philadelphia

State
PA

Zip Code
19131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI.93133

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moore Williams, Barbara, , ,

Mailing Address 2287 N. 51st St.

City
Philadelphia

State
PA

Zip Code
19131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI.93134

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OSTRACH, STEFAN, , ,

Mailing Address 110 Mayfair Lane

City
Eugene

State
OR

Zip Code
97404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94147

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OSTRACH, STEFAN, , ,

Mailing Address 110 Mayfair Lane

City
Eugene

State
OR

Zip Code
97404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93656

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OSTRACH, STEFAN, , ,

Mailing Address 110 Mayfair Lane

City
EugeneState
ORZip Code
97404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI.93138

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OSTRACH, STEFAN, , ,

Mailing Address 110 Mayfair Lane

City
EugeneState
ORZip Code
97404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92899

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Petchesky, Rosalind, , ,

Mailing Address 176 west 87th st

City
New YorkState
NYZip Code
10024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not employedOccupation (for Individual)
Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94065

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Petchesky, Rosalind, , ,

Mailing Address 176 west 87th st

City
New York

State
NY

Zip Code
10024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not employed

Occupation (for Individual)
Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

08 / 30 / 2021

Transaction ID : SA11AI.93438

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Petchesky, Rosalind, , ,

Mailing Address 176 west 87th st

City
New York

State
NY

Zip Code
10024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not employed

Occupation (for Individual)
Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

08 / 30 / 2021

Transaction ID : SA11AI.93470

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Preston-Werner, Tom, , ,

Mailing Address 1266 Washington Street

City
San Francisco

State
CA

Zip Code
04108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

07 / 22 / 2021

Transaction ID : SA11AI.94370

Amount of Each Receipt this Period

10000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10020.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reed, Kristin, , ,

Mailing Address 681 47th Ave

City

San Francisco

State

CA

Zip Code

94121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
none

Occupation (for Individual)
none

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94081

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reed, Kristin, , ,

Mailing Address 681 47th Ave

City

San Francisco

State

CA

Zip Code

94121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
none

Occupation (for Individual)
none

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93453

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reed, Kristin, , ,

Mailing Address 681 47th Ave

City

San Francisco

State

CA

Zip Code

94121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
none

Occupation (for Individual)
none

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93484

Amount of Each Receipt this Period

27.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

81.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reynolds, Jim, , ,

Mailing Address 2120 Hollow Hills

City
Fort Worth

State
TX

Zip Code
76120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93985

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reynolds, Jim, , ,

Mailing Address 2120 Hollow Hills

City
Fort Worth

State
TX

Zip Code
76120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94036

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reynolds, Jim, , ,

Mailing Address 2120 Hollow Hills

City
Fort Worth

State
TX

Zip Code
76120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93411

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 70
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reynolds, Jim, , ,

Mailing Address 2120 Hollow Hills

City
Fort Worth

State
TX

Zip Code
76120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 02 / 2021

Transaction ID : SA11AI.92990

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. roberts, norman, , ,

Mailing Address 27-28 thomson ave #404

City
long island city

State
NY

Zip Code
11101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 13 / 2021

Transaction ID : SA11AI.94044

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. roberts, norman, , ,

Mailing Address 27-28 thomson ave #404

City
long island city

State
NY

Zip Code
11101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 30 / 2021

Transaction ID : SA11AI.93418

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. santmann, john, , ,

Mailing Address 118 Southfield Drive

City
Belle Mead

State
NJ

Zip Code
08502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medsphere Corporation

Occupation (for Individual)
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94068

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. santmann, john, , ,

Mailing Address 118 Southfield Drive

City
Belle Mead

State
NJ

Zip Code
08502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medsphere Corporation

Occupation (for Individual)
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94069

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. santmann, john, , ,

Mailing Address 118 Southfield Drive

City
Belle Mead

State
NJ

Zip Code
08502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medsphere Corporation

Occupation (for Individual)
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93441

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. santmann, john, , ,

Mailing Address 118 Southfield Drive

City
Belle Mead

State
NJ

Zip Code
08502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medsphere Corporation

Occupation (for Individual)
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93472

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. santmann, john, , ,

Mailing Address 118 Southfield Drive

City
Belle Mead

State
NJ

Zip Code
08502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medsphere Corporation

Occupation (for Individual)
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93473

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Leslie, , ,

Mailing Address 6701 Center Drive West Ste. 1400

City
Los Angeles

State
CA

Zip Code
90045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94008

Amount of Each Receipt this Period

18.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

68.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Leslie, , ,

Mailing Address 6701 Center Drive West Ste. 1400

City

Los Angeles

State

CA

Zip Code

90045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94060

Amount of Each Receipt this Period

18.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Leslie, , ,

Mailing Address 6701 Center Drive West Ste. 1400

City

Los Angeles

State

CA

Zip Code

90045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94107

Amount of Each Receipt this Period

18.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Leslie, , ,

Mailing Address 6701 Center Drive West Ste. 1400

City

Los Angeles

State

CA

Zip Code

90045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93432

Amount of Each Receipt this Period

18.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

54.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Leslie, , ,

Mailing Address 6701 Center Drive West Ste. 1400

City

Los Angeles

State

CA

Zip Code

90045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93509

Amount of Each Receipt this Period

18.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Soifer, Raphael, , ,

Mailing Address 1383 Pacific St Apt 3

City

Brooklyn

State

NY

Zip Code

11216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93922

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Soifer, Raphael, , ,

Mailing Address 1383 Pacific St Apt 3

City

Brooklyn

State

NY

Zip Code

11216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93348

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

68.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Soifer, Raphael, , ,

Mailing Address 1383 Pacific St Apt 3

City
Brooklyn

State
NY

Zip Code
11216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92932

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sperrazza, Diana, , ,

Mailing Address 170 Second Ave #7C

City
New York

State
NY

Zip Code
10003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Discovery communications

Occupation (for Individual)
Tv producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93896

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sperrazza, Diana, , ,

Mailing Address 170 Second Ave #7C

City
New York

State
NY

Zip Code
10003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Discovery communications

Occupation (for Individual)
Tv producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93817

Amount of Each Receipt this Period

27.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

79.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sperrazza, Diana, , ,

Mailing Address 170 Second Ave #7C

City
New York

State
NY

Zip Code
10003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Discovery communications

Occupation (for Individual)
Tv producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI.93107

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Streett, Carolann, , ,

Mailing Address 2425 8th Ave N

City
Seattle

State
WA

Zip Code
99109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93628

Amount of Each Receipt this Period

2.14

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Streett, Carolann, , ,

Mailing Address 2425 8th Ave N

City
Seattle

State
WA

Zip Code
99109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93869

Amount of Each Receipt this Period

2.14

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Streett, Carolann, , ,

Mailing Address 2425 8th Ave N

City
Seattle

State
WA

Zip Code
99109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.04

Date of Receipt

11 / 02 / 2021

Transaction ID : SA11AI.93022

Amount of Each Receipt this Period

2.14

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stromsness, Rune, , ,

Mailing Address 222 Broadway Unit 1108

City
Oakland

State
CA

Zip Code
94607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of California

Occupation (for Individual)

IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

07 / 13 / 2021

Transaction ID : SA11AI.94149

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stromsness, Rune, , ,

Mailing Address 222 Broadway Unit 1108

City
Oakland

State
CA

Zip Code
94607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of California

Occupation (for Individual)

IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 13 / 2021

Transaction ID : SA11AI.94328

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sussman, Marge, , ,

Mailing Address 1621 Bancroft Way

City
Berkeley

State
CA

Zip Code
94703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93998

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sussman, Marge, , ,

Mailing Address 1621 Bancroft Way

City
Berkeley

State
CA

Zip Code
94703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94050

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sussman, Marge, , ,

Mailing Address 1621 Bancroft Way

City
Berkeley

State
CA

Zip Code
94703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93424

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thompson, Michael, , ,

Mailing Address Memorial 427

City
Macomb

State
IL

Zip Code
61455

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Illinois University

Occupation (for Individual)
TV Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.93949

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thompson, Michael, , ,

Mailing Address Memorial 427

City
Macomb

State
IL

Zip Code
61455

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Illinois University

Occupation (for Individual)
TV Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93375

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Umstatter, Chris, , ,

Mailing Address 66 winganhauptpauge rd

City
Islip

State
NY

Zip Code
11751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93229

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weltchek, Andrew, , ,

Mailing Address 517 Centre Street

City

South Orange

State

NJ

Zip Code

07079

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI.94084

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weltchek, Andrew, , ,

Mailing Address 517 Centre Street

City

South Orange

State

NJ

Zip Code

07079

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93456

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weltchek, Andrew, , ,

Mailing Address 517 Centre Street

City

South Orange

State

NJ

Zip Code

07079

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI.93487

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wheat, Mary, , ,

Mailing Address 2715 12th St

City
Astoria

State
NY

Zip Code
11102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI.92955

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, Reid, , ,

Mailing Address 13 Vandam Street

City
New York

State
NY

Zip Code
10013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2021

Transaction ID : SA11AI.94373

Amount of Each Receipt this Period

2500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Young, Derek, , ,

Mailing Address 7921 McConnell Ave.

City
Los Angeles

State
CA

Zip Code
90045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI.93137

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2530.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 70
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

A. Young, Derek, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 7921 McConnell Ave. City Los Angeles State CA Zip Code 90045 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.76		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2021 Transaction ID : SA11AI.92898 Amount of Each Receipt this Period 10.00 <input type="checkbox"/> Memo Item
B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶		10.00
TOTAL This Period (last page this line number only)..... ▶		102054.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Green Advocacy Project

Mailing Address 1476 Hamilton Ave

City
Palo Alto

State
CA

Zip Code
94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2021

Transaction ID : SA11C.94377

Amount of Each Receipt this Period

30000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Working Families Organization

Mailing Address 77 Sands Street

City
Brooklyn

State
NY

Zip Code
11201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2021

Transaction ID : SA11C.94380

Amount of Each Receipt this Period

400000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

430000.00

TOTAL This Period (last page this line number only)..... ►

430000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Working Families Party IE Committee

Mailing Address 77 Sands Street

City
Brooklyn

State
NY

Zip Code
11201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2021

Transaction ID : SA17.94400

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution from WFP IE Committee to Florida Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 70

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name (Last, First, Middle Initial)

A. Act Blue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Mailing Address 366 Summer Stret

FEC Identification Number

C**Transaction ID : SB21B.94347**

Amount of Each Disbursement this Period

1046.49

☐ Memo ItemCity
SomervilleState
MAZip Code
02144Purpose of Disbursement
Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2021

Mailing Address 275 7th Ave

FEC Identification Number

C**Transaction ID : SB21B.94403**

Amount of Each Disbursement this Period

10.00

☐ Memo ItemCity
New YorkState
NYZip Code
10001Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2021

Mailing Address 275 7th Ave

FEC Identification Number

C**Transaction ID : SB21B.94348**

Amount of Each Disbursement this Period

175.25

☐ Memo ItemCity
New YorkState
NYZip Code
10001Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1231.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 70

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City
New YorkState
NYZip Code
10001Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	2	1		

FEC Identification Number

C

Transaction ID : SB21B.94405

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

City
New YorkState
NYZip Code
10001Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	7			2	0	2	1		

FEC Identification Number

C

Transaction ID : SB21B.94350

Amount of Each Disbursement this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 275 7th Ave

City
New YorkState
NYZip Code
10001Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	1		

FEC Identification Number

C

Transaction ID : SB21B.94406

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 70

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City
New YorkState
NYZip Code
10001Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	2	1		

FEC Identification Number

C

Transaction ID : SB21B.94351

Amount of Each Disbursement this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

City
New YorkState
NYZip Code
10001Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	1			2	0	2	1		

FEC Identification Number

C

Transaction ID : SB21B.94407

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 275 7th Ave

City
New YorkState
NYZip Code
10001Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	1			2	0	2	1		

FEC Identification Number

C

Transaction ID : SB21B.94408

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City
New York

State
NY

Zip Code
10001

Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 26 / 2021

FEC Identification Number

C Transaction ID : SB21B.94352

Amount of Each Disbursement this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

City
New York

State
NY

Zip Code
10001

Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 01 / 2021

FEC Identification Number

C Transaction ID : SB21B.94409

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Burland and Associates

Mailing Address 742 N 5th St

City
Baton Rouge

State
LA

Zip Code
70802

Purpose of Disbursement
Legal Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 23 / 2021

FEC Identification Number

C Transaction ID : SB21B.94354

Amount of Each Disbursement this Period

510.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 70

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name (Last, First, Middle Initial)

A. Federal Election Commission

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		12		2021

Mailing Address 999 E. Street NW

City
WashingtonState
DCZip Code
20004Purpose of Disbursement
Fees to the FEC

001

Category/
Type

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.94353

Amount of Each Disbursement this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12000.00

TOTAL This Period (last page this line number only).....▶

14021.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name (Last, First, Middle Initial)

A. Angle Mastagni Mathews Political Strategies

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	1		

Mailing Address 507 N. Sylvania Ave.

FEC Identification Number

C**Transaction ID : SB29.94414**

Amount of Each Disbursement this Period

12155.00

☐ Memo ItemCity
Fort WorthState
TXZip Code
76111Purpose of Disbursement
Non-Federal Election

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Bergmann Zwerdlong Direct

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	2			2	0	2	1		

Mailing Address 1350 Connecticut Ave NW

FEC Identification Number

C**Transaction ID : SB29.94410**

Amount of Each Disbursement this Period

24700.00

☐ Memo ItemCity
WashingtonState
DCZip Code
20036Purpose of Disbursement
Non-Federal Election

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Community Labor Administrative Services, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	2	1		

Mailing Address 77 Sands Street
6th Floor

FEC Identification Number

C**Transaction ID : SB29.94415**

Amount of Each Disbursement this Period

49839.43

☐ Memo ItemCity
BrooklynState
NYZip Code
11201Purpose of Disbursement
Non-Federal Election

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

86694.43

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name (Last, First, Middle Initial)

A. Florida Working Families Party IE Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2021

Mailing Address 77 Sands Street
6th FloorCity
BrooklynState
NYZip Code
11201Purpose of Disbursement
Contribution

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.94398

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. maldonado, Isaiah, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2021

Mailing Address 3016 Tex Blvd

City
Fort WorthState
TXZip Code
76116Purpose of Disbursement
Non-Federal Election

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.94412

Amount of Each Disbursement this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAC for Justice

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2021

Mailing Address PO Box 850885

City
New OrleansState
LAZip Code
70130Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.94396

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15420.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name (Last, First, Middle Initial)

A. Pelican Print Communications

Mailing Address 3930 Flagstone CT

City
FloissantState
MOZip Code
63033Purpose of Disbursement
Non-Federal Election

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				02				2021					

FEC Identification Number

C

Transaction ID : SB29.94411

Amount of Each Disbursement this Period

65520.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Saguaro Strategies LLC

Mailing Address 2120 University Ave

City
BerkeleyState
CAZip Code
94704Purpose of Disbursement
Non-Federal Election

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
07				27				2021					

FEC Identification Number

C

Transaction ID : SB29.94413

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Working Families Party National PAC New York IE CommittteeMailing Address 77 Sands Street
6th FloorCity
BrooklynState
NYZip Code
11201Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				28				2021					

FEC Identification Number

C

Transaction ID : SB29.94356

Amount of Each Disbursement this Period

360000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

450520.11

TOTAL This Period (last page this line number only)..... ►

552634.54

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 65 OF 70

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Basebuilder, LLCNature of Debt (Purpose):
Phone bankingMailing Address 77 Sands Street
6th FloorCity
BrooklynState
NYZip Code
11201

Outstanding Balance Beginning This Period

9000.00

Transaction ID : SD10.91684

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Basebuilder, LLCNature of Debt (Purpose):
Phone CanvassMailing Address 77 Sands Street
6th FloorCity
BrooklynState
NYZip Code
11201

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.94388

Amount Incurred This Period

48169.44

Payment This Period

0.00

Outstanding Balance at Close of This Period

48169.44

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services, Inc.Nature of Debt (Purpose):
Text bankingMailing Address 77 Sands Street
6th FloorCity
BrooklynState
NYZip Code
11201

Outstanding Balance Beginning This Period

2696.20

Transaction ID : SD10.91682

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2696.20

1) **SUBTOTALS** This Period This Page (optional)..... ►

59865.64

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 66 OF 70

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services, Inc.Nature of Debt (Purpose):
Text bankingMailing Address 77 Sands Street
6th FloorCity
BrooklynState
NYZip Code
11201

Outstanding Balance Beginning This Period

832.65

Transaction ID : SD10.91683

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

832.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Facebook, Inc.Nature of Debt (Purpose):
Online ads

Mailing Address 1601 Willow Road

City
Menlo ParkState
CAZip Code
94025-1452

Outstanding Balance Beginning This Period

4791.00

Transaction ID : SD10.4166

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4791.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PROGRESSIVE CHANGE CAMPAIGN COMMITTEENature of Debt (Purpose):
Projected phone bank cost

Mailing Address PO BOX 73395

City
WASHINGTONState
DCZip Code
20056

Outstanding Balance Beginning This Period

- 0.65

Transaction ID : SD10.4191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

- 0.65

1) **SUBTOTALS** This Period This Page (optional)..... ►

5623.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 67 OF 70

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TruCorpsNature of Debt (Purpose):
Estimated canvass payroll

Mailing Address 228 Park Avenue South #28822

City
New YorkState
NYZip Code
10003-1502

Outstanding Balance Beginning This Period

20000.00

Transaction ID : SD10.37124

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TwitterNature of Debt (Purpose):
Online ads

Mailing Address 1355 Market Street, Suite 900

City
San FranciscoState
CAZip Code
94103

Outstanding Balance Beginning This Period

1652.00

Transaction ID : SD10.4165

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

21652.00

2) **TOTALS** This Period (last page this line number only)..... ►

87140.64

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

87140.64

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 68 OF 70
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00626861 </div>
--	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Basebuilder, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 77 Sands Street 6th Floor			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">72830.56</div>	
City Brooklyn	State NY	Zip Code 11201		
Purpose of Expenditure Phone Bank		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Transaction ID : SE.94385 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Turner, Nina, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">72830.56</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Basebuilder, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 77 Sands Street 6th Floor			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">121000.00</div>	
City Brooklyn	State NY	Zip Code 11201		
Purpose of Expenditure Phone Canvass		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Transaction ID : SE.94387 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Turner, Nina, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">72830.56</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	72830.56
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Boland, Mike, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 70
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00626861 </div>
--	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item CMM & Co			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1022 Boulevard #329			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>	
City West Hartford	State CT	Zip Code 06119	Transaction ID : SE.94390 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Turner, Nina, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">102830.56</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item CMM & Co			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1022 Boulevard #329			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>	
City West Hartford	State CT	Zip Code 06119	Transaction ID : SE.94395 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Turner, Nina, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">104830.56</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Boland, Mike, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 70 OF 70
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00626861 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee SBDigital			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2010 Massachusetts Avenue NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30000.00</div>		
City Washington	State DC	Zip Code 20036			
Purpose of Expenditure Digital Ads		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">006</div>			
Name of Federal Candidate: Turner, Nina, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">72830.56</div>		

Transaction ID : SE.94389

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee SBDigital			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2010 Massachusetts Avenue NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30000.00</div>		
City Washington	State DC	Zip Code 20036			
Purpose of Expenditure Digital Ads		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">006</div>			
Name of Federal Candidate: Turner, Nina, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">102830.56</div>		

Transaction ID : SE.94394

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

(a) SUBTOTAL of Itemized Independent Expenditures	▶	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	104830.56

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Boland, Mike, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature